

HIV Individual Level Prevention Intervention

Intervention Session Details

To be completed by provider. Assure your client that their identity will remain anonymous and we use the client code to keep their participation confidential.

Session Date: ____/____/____

PCRS Case Number: _____ (leave blank if not PCRS)

Contracting Agency:

Intervention Name:

Client ID

Client's Unique ID: _____
1st and 3rd letter of first & last name birth month/day/year

Intended # sessions	Current session #	Duration of Session	Site (if different from agency)
<input type="radio"/> # _____ <input type="radio"/> unknown		_____ minutes	

Recruitment Source (only reported at first session)

☐ Agency
 ☐ HC/PI
 ☐ Self
 ☐ Partner
 ☐ Friend and/or family member
 ☐ Other _____
 ☐ Don't know

Session Activities

Information (circle types) 8.01, 8.02, 8.03, 8.04, 8.05, 8.06, 8.07, 8.08, 8.09, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.66 Demonstration (circle types) 9.01, 9.02, 9.03, 9.04, 9.05, 9.06, 9.07, 9.66 Practice (circle types) 10.01, 10.02, 10.03, 10.04, 10.05, 10.06, 10.07, 10.66	Discussion (circle types) 11.01, 11.02, 11.03, 11.04, 11.05, 11.06, 11.07, 11.08, 11.09, 11.10, 11.11, 11.12, 11.13, 11.14, 11.15, 11.16, 11.17, 11.18, 11.19, 11.20, 11.21, 11.22, 11.66 Distribution (circle types) 13.01, 13.02, 13.03, 13.04, 13.06, 13.07, 13.08, 13.66 Post-Intervention 14.01, 14.02
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Referral Information

Referrals made (this visit): <input type="checkbox"/> HIV testing <input type="checkbox"/> STD screening <input type="checkbox"/> Viral Hepatitis screening <input type="checkbox"/> TB testing <input type="checkbox"/> Substance abuse treatment	<input type="checkbox"/> Medical care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Other HIV prevention services <input type="checkbox"/> Other support services (specify) _____	Referral Follow-up type: <input type="checkbox"/> none <input type="checkbox"/> Active <input type="checkbox"/> Passive referral-agency verification <input type="checkbox"/> Passive referral-client verification Referral Outcome (from previous referral):
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Risk Reduction Plan: